



DNA

DestinyNowAcademy-ACareerSchool

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STUDENT ENROLLMENT APPLICATION/2016-2017

Date of DNA Application _____ Are you a Returning Student?: _____

Last School Attended?: _____

Student Information:

Student's Full Legal Name _____

Date of Birth _____ Grade Enrolling _____

Ethnicity: (Please circle all that apply). *African American, Asian, Caucasian, Hispanic, Native American, Other*

Family Information:

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone Number: _____

Mother's Name: _____ Email: _____

Employer: _____ Occupation: _____

Work Number: _____ Cell Phone: _____

Father's Name: _____ Email: _____

Employer: _____ Occupation: _____

Work Number: _____ Cell Phone: _____

Parents are: ____ Married ____ Divorced ____ Separated ____ Single ____ Widowed

Who has legal custody? _____ Student lives with? _____

Do both parents have visitation rights? ____ Yes ____ No ____ N/A

List Siblings attending DNA, if any: _____

PLEASE SUBMIT A COPY OF YOUR CHILD'S LAST REPORT CARD WITH THIS APPLICATION PACKET.

Please complete this enrollment form and return or mail to the school office along with the non-refundable enrollment fee of \$50 per student. Upon completion of this application and receipt of enrollment fee, you will be contacted to schedule an interview with the school principal.

Signature of Parent
or Legal Guardian: _____ Date: _____

Destiny Now Academy does not discriminate against students of any race, color, national origin, or ethnicity to all the rights, privileges, programs, and activities made available by the school.

Revised March 1,2016